

GPSCH HypNews

Newsletter of The Greater Philadelphia Society of Clinical Hypnosis
Volume 22 Number 2-3 Spring-Summer 2026

From the President - Jeffrey E. Celebre, Ph.D.

Dear Members and Webinar Attendees,

Our Society recently completed our most recent academic year. My fellow board member and unofficial GPSCH historian Stephen Glass offers that we are in our 67th year of existence, dating back to its founding in 1959. We are one of the oldest, if not *the* oldest, ASCH Component Section, and historically one of the largest Component Sections. Many, many colleagues have made this possible and I am proud to be a very small part of this heritage. I learned in my early family therapy training that loyalties in any system of human existence are both horizontal and vertical. Regarding the former, I have been a GPSCH board member with exceptionally capable folks who taught me the value of working together as a cohesive group to further the educational and theoretical aims of hypnotic practice. In reference to the vertical axis of connection, I go back in time before I joined the board and recall the leadership of Peter Bloom, Julie Linden and Linda Shrier.

As I do these Spring-Summer messages, I like to review the nuggets of learning that presenters gave us, their gifts of clinical wisdom. Often, what I learn from them are some brand-new concepts and a reminder that I "forgot" what I once learned from past lectures and trainings. What is old is new again. Last

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September, David Reid spoke to us about planning treatment using hypnosis for common and less common conditions and the importance of setting the structure of hypnosis early on: dispelling myths, clarification of expectations. Giving the client a practical way of emphasizing the self-directed way of using hypnosis when alone, the importance of seeding and educating the client early on. I especially liked the notion (we have heard this in the past) that the client comes to us in some form of a negative trance state. Reid reviewed for us the elements in our "hypnosis tool box" such as our voice, creating some confusion, client resources and anchoring. Defining hypnosis in such a down-to-earth manner: "daydreaming with a purpose."

In November, Rob Staffin returned and presented on the Language of Hypnosis, Spoken and The core of what he brought to us is the central element of "being hypnotic" (not just doing it). Language: verbal; nonverbal; and paraverbal are part of the "relational matrix." Language, Rob stated, is embodied. Reflecting gestures, the unspoken language of the client connects us to them and back. It helps to remember that one third of our brain is dedicated to the processing of visual information. Using humor in our metaphors is both useful and often funny - I love the examples of "who is driving the bus?"

Last January, Gary Elkins spoke to us about the use of digital resources to help with such problems as relational stress reduction, IBS, menopausal symptoms and sleep improvement to mention a few. There are many thousands of such apps, but few are evidenced based. The benefits of recommending such apps is the low cost and they can help the client track their progress. He underscored the obvious fact that using them alone does not

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provide any therapeutic relationship. He warned us to ask our clients if they are using apps of any kind and whether or not they have used AI for clinical guidance. He recommended the apps for hot flashes (Evia) and Finito (for smoking cessation).

The most important warning from this presentation for me is that the younger the client who comes in to see us, the more we will find that they will be app and AI savvy. So what we use with them may be at odds with their digital "therapists."

In March, Liz Solnena broadly covered the topic of ego-strengthening with a distinct emphasis on using mindful hypnosis. In doing so, she presented many examples of implementing ES using new and older concepts. On the old side, age regression and age progression; and one interesting twist to this approach: "What would your 90 year old self like to feel about you at this present point and up to then?" She artfully suggested that ego-strengthening begins on your web site, planting the seeds of hope before they walk in the door or open the Zoom link for the first session. Also, knowing the client's hobbies and interests and asking this indirect question: "What would others say about you that would be favorable?" And my last highlight is tracking the client each time we start a session by asking: "What were the wins and wisdoms of the past week?" Truly, her lecture covered this topic in a broad expansion of highly useful methods, worth reviewing your notes and her handouts as I did.

My last crop of nuggets to offer stems from Eric Spiegel's talk on using hypnosis in the treatment of narcissistic wounds. He warns us the narcissistic injuries are very common, and like every

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other personality style, exist in a continuum. Some clients present themselves as quite charismatic and seem to be relationally attuned but can fall short in intimate relationships as well as using this ability to soothe emotional trigger points. He delves into the area of False Self as a faulty adaptation to wounds that can catapult the patient into a rage when others don't appreciate their idealized sense of self. He describes the False Self as masking the True Self. The lack of a certain degree of mentalization, that is, True Self self-reflection, is very often the hallmark to pay close attention to in this work. The meat of his presentation, as I see it, is how the therapist uses hypnosis in the therapeutic relationship to help rebuild developmental scaffolding and thus enhance their reflective functioning. Fascinating here, is the appreciation of the therapist-patient collaborative work, and the fit between each person as a large predictor of positive outcomes. Is that not true for most every other treatment modality? What is old is new again.

Looking forward to our next academic year, we will be looking forward to the presentations of Julie Linden, Jonathan Baylin and Elizabeth Solnena. We are working right now on securing the last presenter and will let you know about that soon.

Sincerely,

Jeff

MEMBER NEWS

Welcome New Members

Invite a Colleague to Be a Member

See your/your colleague's name listed here.

Congratulations to you, ***GPSCH Members*** for being ***GPSCH Members***
This section is for you. Let us know what you are doing or have written, presented, taught, or if you have been honored in some way. Share the good news! Please submit Member News and other items of interest for "You've Got Mail" as well as **Letters to the Editor: stephenglass55@gmail.com**.

GPSCH Membership and GPSCH Webinar CE Benefits

Become a ***GPSCH Member*** and benefit from the Society's camaraderie and stellar webinar presenters. ***Obtain BOTH APA AND ASCH CEs when attending one webinar.*** Attend all ***GPSCH webinars*** for two consecutive years and ***PA psychologists satisfy BOTH substantive CE requirements for licensure renewal*** (plus ethics, child abuse, suicidality) ***AND satisfy ASCH Certified Practitioner and Approved Consultant renewals at the same time.*** Other license holders should contact their respective state boards for acceptance of APA CEs via ***GPSCH webinars.*** ***GPSCH Membership and Webinars are the best deals in town!***

"YOU'VE GOT MAIL"

OCT 14-18, 2026. SCEH - 77th Annual Workshops and Scientific Programs. Virtual. For more info: info@sceh.us.

GPSCH WEBINAR REGISTRATION PROCESS

1. Early registrants will receive an email with registration confirmation and a Zoom link to the meeting.
2. As presenters may provide, Handouts/PowerPoints will be sent to registrants just prior to the webinar.
3. Registrants will be sent a 2nd email having the link to the webinar within 48 hours of the event.
4. To avoid undue stress, individuals are encouraged to submit completed registrations by 5:00 PM ET the day before the event.
5. Administrative Director Suzanne Malik (admin@gpsch.org or 301-830-1941) will be available for assistance as needed.
6. Webinar Evaluation Form and APA CE Credit Request Form will be emailed to attendees during the webinar.
7. ASCH CE Certificates free of charge upon request after completion of webinar: admin@gpsch.org.
8. Thank You for your cooperation and Enjoy the webinar.

GPSCH Membership Dues and GPSCH Webinar Fees

Reduced webinar registration fees for GPSCH Members are a benefit of membership. ***GPSCH Membership Dues must be paid in advance of registering for webinars to be eligible for member discounted rate.*** Dues cover Society membership July 1 through June 30 and are payable upon receipt of dues notice.

ACADEMIC CALENDAR

2026

SUN SEP 27 Women's Health and Hypnosis
Webinar Julie H. Linden, PhD
10AM-1:00PM

SUN NOV 8 Dissociative/Attachment Disorders:
Webinar A Case Presentation
10AM-1:00PM Richard A. Chefetz, MD

2027

SUN JAN 24 Hypnotizability:
Webinar A Brain-Based Perspective
10AM-1:00PM Jonathan F. Baylin, PhD

SUN MAR 28 Utilizing Hypnosis in Potentiating
Webinar Effects of Cognitive Therapies
10AM-1:00PM Liz Slonena, PsyD, MSCP, HS-P, CMIP

SUN APR 25
Webinar
10AM-1:00PM

Academic Calendar listings originate in Eastern Time zone, USA & Canada In-Person Meetings/GPSCH Workshops are held at Roxborough Memorial Hospital. Live Virtual Interactive Workshops are held in the comfortable setting of your choice.

For additional information, please contact GPSCH Administrative Director Suzanne Malik at admin@gpsch.org or 301-830-1941.

FROM THE EDITOR - Stephen G. Glass, EDM

FOR YOUR CONSIDERATION

**Depressed? - We Have an App for That.
Just Because You Can, Should You?**

Solicited and unsolicited advice on resolving life issues may be provided by friends, neighbors, spouses, coworkers, bartenders, hairstylists, taxi/rideshare drivers, or Aunt Martha and Uncle Harry. These comments may be transformed into behavioral action. These suggestions may, indeed, be helpful, even therapeutic. Or, while they come without initial financial cost, they may have dreadful outcomes.

How different is the use of psychotherapy/hypnotherapy apps - digital hypnotherapy as presented by Dr. Gary Elkins during his January 25 GPSCH webinar? One significant difference is the digital app's holding itself out to the public as providing a public service - healthcare treatment - by presumably credentialed healthcare providers. Thus, the unsuspecting consumer confers upon the app's information/suggestions/interventions unsupported validation as representing authentic clinical standards of care. And some of the humans behind the apps have questionable professional credentials as per Dr. Elkins; presentation.

Dr. Elkins presented patient satisfaction survey results for the apps - a dismal 31%. He offered that one or two apps on the market receive higher rates of patient satisfaction. But who is able to tell the poor from the mediocre? As a clinician, I recall during the pandemic missing the patient's in-person contribution

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to the lived/felt experience while we worked together via Zoom. I wonder how my patients felt about not having a human being right there in front of them to bear witness to their life experiences and issues. And not having an in-person, personal, human shared experience. At least they knew I am a seasoned licensed psychologist.

To be clear, I am not opposed to Artificial Intelligence. I am enthusiastic about the use of AI as an assist applied to medical diagnostics, vaccine and treatment research, and medical treatment planning for complex/complicated medical problems utilized by sophisticated clinicians' nuanced interpretation for appropriate use.

However, I believe nothing supplants a clinician's engaging the patient, expressing authentic empathy, earning the patient's trust for optimal working relationship for salutary psychotherapeutic effect. Remember "therapeutic alliance" and "the working relationship"?

I do not know about you, but if I called my therapist AI, I want it to be short for Albert or Alice, *not* Algorithm. Just because you can does not mean you should. What do you think?

- SGG

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